

AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT
for the

Michael J. Clause)
 Plaintiff/Petitioner)
 v.)
 N.S.P. Staff & Comm. O'Hicks)
 Defendant/Respondent)
 Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Michael J. Clause

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks; if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 6-1-2020

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment <u>NO</u>	\$	\$	\$	\$
Self-employment <u>NO</u>	\$	\$	\$	\$
Income from real property (such as rental income) <u>NO</u>	\$	\$	\$	\$
Interest and dividends <u>NO</u>	\$	\$	\$	\$
Gifts <u>Sometimes My Mail</u>	\$100.00	May be	\$	\$
Alimony <u>NO</u>	\$	\$	\$	\$
Child support <u>NO</u>	\$	\$	\$	\$

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Retirement (such as social security, pensions, annuities, insurance)	\$ <i>NO</i>	\$ <i>NO</i>	\$ <i>NO</i>
Disability (such as social security, insurance payments)	\$ <i>NO</i>	\$ <i>NO</i>	\$ <i>NO</i>
Unemployment payments	\$ <i>NO</i>	\$ <i>NO</i>	\$ <i>NO</i>
Public-assistance (such as welfare)	\$ <i>NO</i>	\$ <i>NO</i>	\$ <i>NO</i>
Other (specify):	\$ <i>NO</i>	\$ <i>NO</i>	\$ <i>NO</i>
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N.S.D.O.C.	2300 Newark, NJ	8-10-18 to 2-11-20	\$ 19.00
N.S.D.O.C.	2300 Newark, NJ	2-11-20 to Now	\$ 15.00

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Refer to Above			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ *40.00*

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<i>None</i>	<i>None</i>	\$ <i>None</i>	\$ <i>None</i>
		\$ <i>None</i>	\$ <i>None</i>
		\$ <i>None</i>	\$ <i>None</i>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse		
Home (Value)	NO	\$
Other real estate (Value)	NO	\$
Motor vehicle #1 (Value)	NO	\$
Make and year:	NO	
Model:	NO	
Registration #:	NO	
Motor vehicle #2 (Value)	NO	\$
Make and year:	NO	
Model:	NO	
Registration #:	NO	
Other assets (Value)	NO	\$
Other assets (Value)	NO	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NO	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
Sophia Dobrosz (Sophia Classo)	Daughter	9
Michael Larkin	Son	6

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ <i>NO</i>	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <i>NO</i>	\$
Home maintenance (repairs and upkeep)	\$ <i>NO</i>	\$
Food	\$ <i>NO</i>	\$
Clothing	\$ <i>NO</i>	\$
Laundry and dry-cleaning	\$ <i>NO</i>	\$
Medical and dental expenses	\$ <i>NO</i>	\$
Transportation (not including motor vehicle payments)	\$ <i>NO</i>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>NO</i>	\$
Insurance (not deducted from wages or included in mortgage payments)	\$ <i>NO</i>	\$
Homeowner's or renter's:	\$ <i>NO</i>	\$
Life:	\$ <i>NO</i>	\$
Health:	\$ <i>NO</i>	\$
Motor vehicle:	\$ <i>NO</i>	\$
Other:	\$ <i>NO</i>	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <i>NO</i>	\$
Installment payments	\$ <i>NO</i>	\$
Motor vehicle:	\$ <i>NO</i>	\$
Credit card (name):	\$ <i>NO</i>	\$
Department store (name):	\$ <i>NO</i>	\$
Other:	\$ <i>NO</i>	\$
Alimony, maintenance, and support paid to others	\$ <i>NO</i>	\$

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$		\$	
Other (specify):	\$		\$	
Total monthly expenses:	\$	0.00	\$	0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet. *I have 33 months in on & 5 with 22, I expect to get out soon.*

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No

If yes, how much? \$ *I don't know yet*

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I've been in prison since 9-5-17

12. Identify the city and state of your legal residence.

Rio Grande N.J.

Your daytime phone number: _____

Your age: 45 Your years of schooling: Niphora

Last four digits of your social-security number: 4482

(Cut along dotted line)

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

ACCOUNT CERTIFICATION FORM

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct.

May 26, 2020

Date

Donald P. Gross
Authorized Officer of Institution

NOTICE TO PRISON OFFICIALS: Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915(o)(2) (April 26, 1996). Pursuant to that statute, once an initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire filing fee has been paid.

RECEIVED *8802-13*

JUN - 9 2020

AT 8:30 M
WILLIAM T. WALSH
CLERK

05/26/2020 12:55

DEPARTMENT OF CORRECTIONS

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COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 11/01/2019 - 05/26/2020

SBI #: 000880700B Name: CLAUSO, MICHAEL J. DOB: 08/23/1974
 LOCATION: NSP-SOUTH-D1W-207B INM# 1155878

TRANSACTION DESCRIPTIONS 21010 OFFENDER ACCOUNTS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
				BEGINNING BALANCE:	0.00

TRANSACTION DESCRIPTIONS 2103 RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
				BEGINNING BALANCE:	0.00

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
				BEGINNING BALANCE:	0.00
11/06/2019	NSP	LGLML	LEGAL MAIL LOAN	0.50	0.50
11/06/2019	NSP	POS	POSTAGE	(0.50)	0.00
11/06/2019	NSP	LGLML	LEGAL MAIL LOAN	0.50	0.50
11/06/2019	NSP	POS	POSTAGE	(0.50)	0.00
11/18/2019	NSP	FPAY	R04 /JAN UN /FPAY /RG:1 22 @1.30 10/01/2019- 10/31/2019	28.60	28.60
11/18/2019	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	13.60
11/18/2019	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	28.60
11/18/2019	NSP	DED	FPAY-DEDUCTION-CREST-CPM110700442I	(9.44)	19.16
11/18/2019	NSP	DED	FPAY-DEDUCTION-LGLML-03312016	(1.62)	17.54
11/18/2019	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	17.04
11/20/2019	NSP	CRS	COMMISSARY SALE - ORD #9756681	(15.95)	1.09
12/09/2019	NSP	CRS	COMMISSARY SALE - ORD #9775095	(0.88)	0.21
12/10/2019	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:109309986	80.00	80.21
12/10/2019	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	65.21
12/10/2019	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	80.21
12/10/2019	NSP	DED	DEDUCTION-CREST-CPM110700442I D	(8.00)	72.21
12/10/2019	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	71.71
12/12/2019	NSP	JPUR	AUTOPAYMENT: JPUR 60896206	(2.00)	69.71
12/16/2019	NSP	CDR	ISLAMIC BOOKSTORE.COM	(23.85)	45.86
12/17/2019	NSP	FPAY	R04 /JAN UN /FPAY /RG:1 18 @1.30 11/01/2019- 11/29/2019	23.40	69.26
12/17/2019	NSP	DED	FPAY-DEDUCTION-CREST-CPM110700442I	(7.72)	61.54

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NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 11/01/2019 - 05/26/2020

SBI #: 000880700B Name: CLAUSO, MICHAEL J. DOB: 08/23/1974
 LOCATION: NSP-SOUTH-D1W-207B INM# 1155878

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
12/17/2019	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	61.04
12/23/2019	NSP	CRS	COMMISSARY SALE - ORD #9793782	(58.07)	2.97
12/24/2019	NSP	JPUR	AUTOPAYMENT: JPUR 61539461	(2.00)	0.97
12/27/2019	NSP	COPL	LEGAL COPIES LOAN	1.03	2.00
12/27/2019	NSP	COP	COPIES	(2.00)	0.00
12/27/2019	NSP	LGLML	LEGAL MAIL LOAN	0.50	0.50
12/27/2019	NSP	POS	POSTAGE	(0.50)	0.00
12/27/2019	NSP	LGLML	LEGAL MAIL LOAN	0.50	0.50
12/27/2019	NSP	POS	POSTAGE	(0.50)	0.00
12/27/2019	NSP	LGLML	LEGAL MAIL LOAN	0.50	0.50
12/27/2019	NSP	POS	POSTAGE	(0.50)	0.00
01/14/2020	NSP	COPL	LEGAL COPIES LOAN	1.20	1.20
01/14/2020	NSP	COP	COPIES	(1.20)	0.00
01/16/2020	NSP	FPAY	R04 /JAN UN /FPAY /RG:1 21 @1.30 12/02/2019-12/31/2019	27.30	27.30
01/16/2020	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	12.30
01/16/2020	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	27.30
01/16/2020	NSP	DED	FPAY-DEDUCTION-CREST-CPM1107004421	(9.01)	18.29
01/16/2020	NSP	DED	FPAY-DEDUCTION-COPL-12272018	(2.23)	16.06
01/16/2020	NSP	DED	FPAY-DEDUCTION-LGLML-03312016	(1.06)	15.00
01/22/2020	NSP	CRS	COMMISSARY SALE - ORD #9824157	(14.92)	0.08
01/29/2020	NSP	LGLML	LEGAL MAIL LOAN	0.42	0.50
01/29/2020	NSP	POS	POSTAGE	(0.50)	0.00
01/29/2020	NSP	LGLML	LEGAL MAIL LOAN	0.50	0.50
01/29/2020	NSP	POS	POSTAGE	(0.50)	0.00
01/31/2020	NSP	LGLML	LEGAL MAIL LOAN	8.00	8.00
01/31/2020	NSP	POS	POSTAGE	(8.00)	0.00
02/03/2020	NSP	COPL	LEGAL COPIES LOAN	0.10	0.10
02/03/2020	NSP	COP	COPIES	(0.10)	0.00
02/03/2020	NSP	COPL	LEGAL COPIES LOAN	0.40	0.40
02/03/2020	NSP	COP	COPIES	(0.40)	0.00
02/04/2020	NSP	LGLML	LEGAL MAIL LOAN	1.00	1.00
02/04/2020	NSP	POS	POSTAGE	(1.00)	0.00
02/18/2020	NSP	FPAY	R04 /JAN UN /FPAY /RG:1 23 @1.30 01/01/2020-01/31/2020	29.90	29.90
02/18/2020	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	14.90

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NORTHERN STATE PRISON

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TRUST ACCOUNT STATEMENT

STATEMENT DATE: 11/01/2019 - 05/26/2020

SBI #: 000880700B Name: CLAUSO, MICHAEL J. DOB: 08/23/1974
 LOCATION: NSP-SOUTH-D1W-207B INM# 1155878

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
02/18/2020	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	29.90
02/18/2020	NSP	DED	FPAY-DEDUCTION-CREST-CPM110700442I	(9.87)	20.03
02/18/2020	NSP	DED	FPAY-DEDUCTION-COPL-12272018	(0.50)	19.53
02/18/2020	NSP	DED	FPAY-DEDUCTION-LGLML-03312016	(4.53)	15.00
02/21/2020	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:112277116	50.00	65.00
02/21/2020	NSP	DED	DEDUCTION-CREST-CPM110700442I D	(5.00)	60.00
02/21/2020	NSP	DED	DEDUCTION-LGLML-03312016 D	(6.33)	53.67
02/21/2020	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	53.17
03/02/2020	NSP	MED	AUTOPAYMENT: MED 01-MAR-20	(5.00)	48.17
03/10/2020	NSP	JPUR	AUTOPAYMENT: JPUR 65648100	(2.00)	46.17
03/12/2020	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:113261370	50.00	96.17
03/12/2020	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	81.17
03/12/2020	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	96.17
03/12/2020	NSP	DED	DEDUCTION-CREST-CPM110700442I D	(5.00)	91.17
03/12/2020	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	90.67
03/17/2020	NSP	GTL	GTL - PHONE DEBIT PURCHASE	(10.00)	80.67
03/18/2020	NSP	FPAY	R04 /JAN UN /FPAY /RG:1 19 @1.30 02/03/2020-02/28/2020	24.70	105.37
03/18/2020	NSP	DED	FPAY-DEDUCTION-CREST-CPM110700442I	(8.15)	97.22
03/18/2020	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	96.72
03/23/2020	NSP	OPRA	OPRA FEES 17839	(1.95)	94.77
03/30/2020	NSP	CDR	ISLAMIC BOOKSTORE .COM	(29.85)	64.92
04/03/2020	NSP	CRS	COMMISSARY SALE - ORD #9903024	(53.70)	11.22
04/07/2020	NSP	CRS	COMMISSARY SALE - ORD #9906624	(10.90)	0.32
04/07/2020	NSP	CRS	COMMISSARY SALE - ORD #9906921	(0.31)	0.01
04/07/2020	NSP	CRS	COMMISSARY SALE - ORD #9907218	0.00	0.01
04/07/2020	NSP	CRS	COMMISSARY SALE - ORD #9907564	0.00	0.01
04/07/2020	NSP	CRS	COMMISSARY SALE - ORD #9907993	0.00	0.01
04/11/2020	NSP	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:114638002	60.00	60.01
04/11/2020	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	45.01
04/11/2020	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	60.01
04/11/2020	NSP	DED	DEDUCTION-CREST-CPM110700442I D	(6.00)	54.01
04/11/2020	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	53.51
04/11/2020	NSP	CEC	COMMISSARY RETURN - ORD #9906921	0.31	53.82
04/11/2020	NSP	CEC	COMMISSARY RETURN - ORD #9906624	10.90	64.72
04/14/2020	NSP	POS	POSTAGE	(0.65)	64.07
04/17/2020	NSP	FPAY	R04 /JAN UN /FPAY /RG:1 11 @1.30 03/02/2020-03/16/2020	14.30	78.37

05/26/2020 12:55

DEPARTMENT OF CORRECTIONS

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COIPRAS

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 11/01/2019 - 05/26/2020

SBI #: 000880700B

Name: CLAUSO, MICHAEL J.

DOB:

08/23/1974

LOCATION: NSP-SOUTH-D1W-207B

INM#

1155878

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
04/17/2020	NSP	DED	FPAY-DEDUCTION-CREST-CPM1107004421	(4.72)	73.65
04/17/2020	NSP	DED	TRANSACTION FEE FOR TCF	(0.50)	73.15
04/27/2020	NSP	POS	POSTAGE	(2.60)	70.55
04/27/2020	NSP	POS	POSTAGE	(0.50)	70.05
05/04/2020	NSP	COP	COPIES	(6.80)	63.25
05/05/2020	NSP	CRS	COMMISSARY SALE - ORD #9936443	(20.90)	42.35
05/26/2020	NSP	POS	POSTAGE	(0.50)	41.85
05/26/2020	NSP	POS	POSTAGE	(0.50)	41.35
05/26/2020	NSP	POS	POSTAGE	(0.50)	40.85

TRANSACTION DESCRIPTIONS 2102 WORK RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
				BEGINNING BALANCE:	0.00

THIS FORM MUST BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Michael J. Clauso

(Plaintiff in this action)

: AFFIDAVIT OF POVERTY
and ACCOUNT CERTIFICATION
(CIVIL RIGHTS)

v.

: Civil Action No. _____
(To be supplied by the Clerk of the Court)

C/o Diaz

C/o Morales

: DNJ-Pro Se-007-A-(Rev.05/2013)

C/o Lewis

C/o McGee

(Defendant(s) in this action)

C/o Adolin Pct. Nogan

Commissioner M. O'Hicks

Instructions:

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. See Local Civil R. 5.1(f). A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid, regardless of the outcome of the proceeding. See 28 U.S.C. § 1915(b).

The prisoner must complete all questions in the following affidavit, sign and date the affidavit, and then obtain the signature of the appropriate prison official who certifies the prison account statement. After the appropriate prison official certifies your prison trust fund account statement(s), you must attach the prison account statement(s) to this application, for each prison or jail wherein you were incarcerated during the previous six months. If your application to proceed in forma pauperis is incomplete, then the Court may enter an order denying your application without prejudice and administratively terminating your case without filing the complaint.

THIS FORM MUST BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

In support of this application, I state the following under the penalty of perjury:

1. Michael James Clauso (print your name), declare that I am the
 Plaintiff / movant Other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief.

2. The nature of my claim or the issues I intend to present on appeal are briefly stated as follows:

Records of institutional Reports

3. List dates and places of confinement for the immediately preceding six months:

Dates of Confinement

8-10-2018 to 2-11-20
2-11-20 to present

Places of Confinement

N.S.P. General Population
W.S.P. Adseg

For each institution in which you have been confined for the preceding six months, you must obtain a copy of your prison account and the signature of the appropriate prison official (see certification on p. 3).

4. Are you employed at your current institution?

Yes

No

Do you receive any payment or money from your current institution?

Yes

No

If Yes, state how much you receive each month: Was \$19.00/now \$15.00 per 2C:10-A

5. In the past 12 months, have you received any money from any of the following sources?

		<u>Amount</u>
a.	Business, profession, or other self-employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
b.	Rent payments, interest, or dividends	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
c.	Pensions, annuities, or life insurance payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
d.	Disability or workers compensation payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
e.	Gifts or inheritances	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>100.00 sometime</u>
f.	Any other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____

THIS FORM MUST BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

6. Other than your prison account, do you have cash or a checking or savings account in your name?

Yes

No

If "Yes," state the total in the account at this time: _____

7. Do you own any other assets or property?

Yes

No

If "Yes," please describe: _____

8.

I, Michael James Claudio / 880700-13/1153878

(Print or Type Name and Number of Prisoner)

declare under penalty of perjury that the aforesaid statements made by me are true and correct. I authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$ 350.- fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

6-1-2020
DATE

Michael J. Claudio
SIGNATURE OF PRISONER

THIS PORTION OF YOUR APPLICATION SHALL NOT BE LEFT BLANK.
IF THIS PORTION IS NOT COMPLETED, YOUR APPLICATION WILL BE DENIED WITHOUT PREJUDICE

ACCOUNT CERTIFICATION SIGNED BY PRISON OFFICIAL

I, _____ (print name), certify that the attached trust fund account statement (or institutional equivalent) is a true and correct copy.

DATE

(Signature)

(Title)